



## UNIVERSITY IMMUNIZATION ASSESSMENT

State Form 52618 (R/3-08)

Name of University: \_\_\_\_\_

Number of Enrolled That Are Covered

By Institution's Immunization Policy\*: \_\_\_\_\_

**REPORT DUE AT INDIANA STATE DEPARTMENT OF HEALTH BY MARCH 15, 2010**

	Measles	Mumps	Rubella	Tetanus	Diphtheria
<b>A. Number of Students with Complete Vaccine Record</b>					
<b>B. Number of Students with Disease History</b>					
<b>C. Number of Students with Documented Laboratory Immunity</b>					
<b>D. Number of Students Born Before January 1, 1957</b>					
<b>E. Number of Students with Medical Exemptions</b>					
<b>F. Number of Students with Religious Exemptions</b>					

G. Number of students excluded during the current school year for failing to comply with State immunization policy: \_\_\_\_\_  
(IC 21-40-5-7, Section b)

Person Completing Form: \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Official From  
Designated Recordkeeping: \_\_\_\_\_ Telephone \_\_\_\_\_  
Office

Please mail or fax to: Immunization Program  
2 North Meridian Street, Section 6A-22  
Indianapolis, IN 46204  
Attn: Assessment Epidemiologist  
Fax: (317) 233-3719

\* **Please attach your institution's current immunization policy.** IC 21-40-1-9 defines a student as "an individual who for the first time: (1) physically attends classes at a postsecondary institution; and (2) is enrolled in a postsecondary institution as a full-time student (as defined by 585 IAC 1-9-1(27))." Students defined as above must be included in this report upon the commencement of their first term. If other students are covered in the institution's immunization policy, they may be reported on this form also.

NOTE: Continuing students appearing in the present year assessment must be evaluated each year for immunization completion status.